

DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: GIC-599

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

A SYSTEM TO DELIVER ENCRYPTED ACCESS CONTROL INFORMATION
TO SUPPORT INTEROPERABILITY BETWEEN DIGITAL INFORMATION
PROCESSING/CONTROL EQUIPMENT

the specification of which:

[x] is attached hereto
[] was filed on _____ as United States Application Number _____ or
PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

			Priority Claimed
			[] Yes [] No
_____ (Number)	_____ (Country)	_____ Month/Day/Year Filed	
			[] Yes [] No
_____ (Number)	_____ (Country)	_____ Month/Day/Year Filed	

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s); or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application
or PCT Parent Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint: Barry R. Lipsitz, Registration No. 28,637, Ralph F. Hoppin, Registration No. 38,494 and Douglas M. McAllister, Registration No. 37,886, all of the firm of Barry R. Lipsitz, Attorney at Law, 755 Main Street, Bldg. 8, Monroe, Connecticut 06468, Telephone (203) 459-0200, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full name of sole or first inventor: **George T. HUTCHINGS**

Inventor's Signature George T. Hutchings Date: May 17, 2000

Residence: Doylestown Pennsylvania Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 153 Wood View Drive Doylestown Pennsylvania 18901, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)

Full name of second inventor: **Eric SPRUNK**

Inventor's Signature _____ Date: _____

Residence: Carlsbad California Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 6421 Cayenne Lane Carlsbad California 92009, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)



Full name of third inventor: **Lawrence D. VINCE**

Post Office Address: 655 Brampton Lane Harleysville Pennsylvania 19438,
U.S.A.
 (Post Office Address) (City) (State & Zip Code/Country)

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My residence, post office address and citizen ship are as stated below next to my name.

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Priority Claimed

☐ Yes ☐ No

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**U.S. Parent Application
or PCT Parent Number**

Parent Filing Date
(MM/DD/YYYY)

**Parent Patent Number
(if applicable)**

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Full name of sole or first inventor: **George T. HUTCHINGS**

Inventor's Signature _____ Date: _____

Residence: Doylestown Pennsylvania Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 153 Wood View Drive Doylestown Pennsylvania 18901, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)

Full name of second inventor: **Eric SPRUNK**

Inventor's Signature  Date: 5/15/00

Residence: Carlsbad California Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 6421 Cayenne Lane Carlsbad California 92009, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)

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Full name of third inventor: Lawrence D. VINCE

Inventor's Signature _____ Date: _____

Residence: Lansdale Pennsylvania Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 114 Aileen Drive Lansdale Pennsylvania 19446, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)

Full name of fourth inventor: Richard DiCOLLI

Inventor's Signature _____ Date: _____

Residence: Broomhall Pennsylvania Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 208 Harvest Lane Broomhall Pennsylvania 19008, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)

Full name of fifth inventor: Mark DePIETRO

Inventor's Signature _____ Date: _____

Residence: Harleysville Pennsylvania Citizenship: U.S.A.
(City) (State or Foreign Country)

Post Office Address: 655 Brampton Lane Harleysville Pennsylvania 19438, U.S.A.
(Post Office Address) (City) (State & Zip Code/Country)